

August 13, 1999

Refer to:
MB:KM
WA 0242.90.R1.01

Jessie K. Rasmussen, Director
Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319

Dear Ms. Rasmussen:

I am pleased to inform you that your request for amendment of the Iowa home and community-based services waiver (HCBS) for persons with mental retardation, as authorized under the provisions of section 1915(c) of the Social Security Act (the Act) has been approved. This waiver has been assigned control number 0242.90.R1.01. Based on the information provided, the waiver request cited above is approved effective July 1, 1999, as requested.

This waiver continues to provide home health aide services, home and vehicle modifications (environmental accessibility adaptations), respite care, skilled nursing, habilitation services including supported employment services, personal emergency response systems, consumer directed attendant care, and supported community living. You requested an increase in the number of individuals to be served. You specifically requested an increase of 200 slots in the number of children to be served.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
(07/01/99-06/30/00) Year 1	6,009	\$18,454	=	\$110,888,245
(07/01/00-06/30/01) Year 2	7,211	\$19,376	=	\$139,718,989
(07/01/01-06/30/02) Year 3	8,653	\$20,345	=	\$176,046,083
(07/01/02-06/30/03) Year 4	10,384	\$21,362	=	\$221,817,905
(07/01/03-06/30/04) Year 5	12,460	\$22,431	=	\$279,490,737

The waiver amendment request conforms to the requirements of the statute and Medicaid regulation. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Richard P. Brummel
Acting Regional Administrator

cc: Don Herman
Karen Miller

bcc:
Waiver Team/Pamela Luce
Mary Jean Duckett
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